

Application Details-

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about Horizon House? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alcoholic: Yes, or No? \_\_\_\_\_\_\_\_\_

Date Of Last Drink: \_\_\_\_\_\_\_\_\_\_

Drug User: Yes, or No? \_\_\_\_\_\_\_\_\_

Date Of Last Drug Use: \_\_\_\_\_\_\_\_\_\_

List Drug Used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attend NA-AA Meetings? Yes, or No? \_\_\_\_\_\_\_\_\_

Frequency of Attending NA-AA Meetings? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do You Want to Stop Using? Yes, or No? \_\_\_\_\_\_\_\_\_

Currently Have a NA-AA Sponsor? Yes, or No? \_\_\_\_\_\_\_\_\_

Are You Employed? Yes, or No? \_\_\_\_\_\_\_\_\_

Employer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Income? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Monthly Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Currently On Probation/Parole: \_\_\_\_\_\_\_\_

Probation Officer Name/Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Use Of Prescription Medication? Yes, or No? \_\_\_\_\_\_\_\_\_

List Of Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are You Currently In Treatment? Yes, or No? \_\_\_\_\_\_\_\_\_

What Treatment Center? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_